

Appellate Docket No.: _____
Appellate Case Style: _____

**FIFTH DISTRICT COURT OF APPEALS
CIVIL APPEAL - DOCKETING STATEMENT**

**NOTE: FAILURE TO FILE DOCKETING STATEMENT AS REQUIRED BY
TRAP 32.1 MAY RESULT IN DISMISSAL OF THE APPEAL. SEE TRAP 42.3(c).**

Oral argument will not be allowed in this case unless the Court determines argument will significantly aid the Court in determining the legal and factual issues presented in the appeal. A request for oral argument must be noted on the front cover of the brief as "ORAL ARGUMENT REQUESTED." The first page inside the front cover must contain a brief description of why the party filing the brief believes argument will significantly aid the Court in determining the appeal. The description must be in the same format as the remainder of the brief and no longer than one page. See TRAP 39.7 and 39.8. **THE COURT'S DECISION TO ALLOW ORAL ARGUMENT WILL BE INCLUDED IN THE NOTICE OF SUBMISSION LETTER.**

PARTIES (TRAP 32.1(a),(e)):

Appellant(s):	Appellee(s):
Attorney (Lead Counsel):	Attorney (Lead Counsel):
Address (Lead Counsel):	Address (Lead Counsel):
Telephone:	Telephone:
Fax:	Fax:
Email:	Email:
SBN (Lead Counsel):	SBN (Lead Counsel):

If not represented by counsel, provide appellant's/appellee's address, telephone number, fax number and email address. On an attachment, list the same information for any additional parties to the trial court's judgment.

PERFECTION OF APPEAL (TRAP 32.1(b),(c),(g),(j)):		
Date Order or Judgment Signed:	Date Notice of Appeal Filed: If Mailed, Give Date: (Attach File-Stamped Copy of Notice)	
Appeal From Final Judgment? (Disposes of All Parties & Issues): Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Interlocutory Appeal of Appealable Order? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Restricted Appeal Under TRAP 30? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
	Check as Appropriate	Furnish Information as Appropriate
Accelerated Appeal (Under TRAP 28, or Other Rule or Statute, or Appeal Given Precedence or Priority)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Reason for Acceleration:
Temporary or Ancillary Relief	None: <input type="checkbox"/> Will Request: <input type="checkbox"/>	Basis for Request:
NATURE OF THE CASE (TRAP 32.1(f)):		
Describe Subject Matter (i.e., Personal Injury, Breach of Contract, Temporary Injunction)		
Posture of Parties at Trial: Appellant(s): _____ Appellee(s): _____		
TRIAL COURT AND RECORD (TRAP 32.1(c),(h),(i)):		
Court:	County:	T.Ct. Cause No.:
Trial Judge (Who Tried or Disposed of Case): Telephone: Fax: Address:	Court Clerk (District or County Clerk): Telephone: Fax: Address:	
Clerk's Record	Fee Paid: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Arrangements Made to Pay Fee: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Court Reporter(s) or Court Recorder(s): Telephone Number(s): Fax Number(s): Address(es):		

Reporter's/Recorder's Record (Check if Electronic Recording <input type="checkbox"/>)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Date Requested:	Fee Paid: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Arrangements Made to Pay Fee: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SUPERSEDEAS BOND (TRAP 32.1(l)):		
Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Date Filed:	Amount:
Actions Extending Timetable (TRAP 32.1(d)):		
Action	Filed Check as Appropriate	Date
Motion for New Trial	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Motion to Modify Judgment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Request for Findings of Fact & Conclusions of Law	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Motion to Reinstate	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Other (Specify)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
INDIGENCY OF PARTY (TRAP 32.1(k)):		
Event	Check as Appropriate	Date
Affidavit Filed	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Contest Filed	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Date Ruling on Contest Due		
Ruling on Contest: Sustained: <input type="checkbox"/> Overruled: <input type="checkbox"/>		
Attach File-Stamped Copy of Affidavit.		
OTHER INFORMATION (TRAP 32.1(m)):		
Is there a question about this Court's jurisdiction to decide on this appeal? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If so, explain:		
List any other pending or past related appeals or original proceedings before this or any other Texas appellate court by Court, Docket Number, and Style:		

Alternative Dispute Resolution/Mediation
Was the case mediated in the trial court? If so, please provide the mediator's name, address, telephone number, and fax number.
Has the case been mediated since entry of the final judgment? If so, please provide the mediator's name, address, telephone number, and fax number.
Can the parties agree on an appellate mediator? If so, please provide the mediator's name, address, telephone number, and fax number.
If you believe this case is not appropriate for mediation, give specifics why not.
How was the case disposed of? (Summary Judgment, Trial, Dismissal, etc.)
Summary of relief granted, including amount of money judgment, if any, and type of damages awarded.
Give brief description of issues to be raised on appeal.

Pro Bono Program

The Fifth Court of Appeals in conjunction with the State Bar of Texas Appellate Section Pro Bono Committee and local Bar Associations, are conducting a program to place a limited number of civil appeals with appellate counsel who will represent the appellate in the appeal before this Court.

The Pro Bono Committee is solely responsible for screening and selecting the civil cases for inclusion in the Program based upon a number of discretionary criteria, including the financial means of the appellant or appellee. If a case is selected by the Committee, and can be matched with appellate counsel, that counsel will take over representation of the appellant or appellee without charging legal fees. More information regarding this program can be found in the *Pro Bono Program Pamphlet* available in paper form at the Clerk's Office or on the Internet at <http://www.tex-app.org/probono.php>. If your case is selected and matched with a volunteer lawyer, you will receive a letter from the Pro Bono Committee within thirty (30) to forty-five (45) days after submitting this Docketing Statement.

NOTE: There is no guarantee that, if you submit your case for possible inclusion in the Pro Bono Program, the Pro Bono Committee will select your case and that pro bono counsel can be found to represent you. Accordingly, you should not forego seeking other counsel to represent you in this proceeding. By signing your name below, you are authorizing the Pro Bono Committee to transmit publicly available facts and information about your case, including parties and background, through selected Internet sites and a Listserv to its pool of volunteer appellate attorneys.

1. Do you want this case to be considered for inclusion in the Pro Bono Program? Yes ☐ No ☐

2. Do you authorize the Pro Bono Committee to contact your trial counsel of record in this matter to answer questions the committee may have regarding the appeal? Please note that any such conversations would be maintained as confidential by the Pro Bono Committee and the information used solely for the purposes of considering the case for inclusion in the Pro Bono Program? Yes ☐ No ☐

3. If you have not previously filed an affidavit of indigency and attached a file-stamped copy of that affidavit, does your income exceed 200% of the U.S. Department of Health and Human Services Federal Poverty Guidelines? These guidelines can be found in the Pro Bono Program Pamphlet as well as on the Internet at <http://aspe.hhs.gov/poverty/06poverty.shtml> Yes ☐ No ☐

4. Are you willing to disclose your financial circumstances to the Pro Bono Committee? If so, please attach an Affidavit of Indigency completed and executed by the appellant or appellee. Sample forms may be found in the Clerk's Office or on the Internet at <http://www.tex-app.org>. Your participation in the Pro Bono Program may be conditioned upon your execution of an affidavit under oath as to your financial circumstances. ?

Yes ☐ No ☐

5. Give a brief description of the issues to be raised on appeal, the relief sought, and the applicable standard of review, if known (without prejudice to the right to raise additional issues or request additional relief; use a separate attachment, if necessary).

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

Lead Counsel/Pro Se Party

Date

Representing: _____

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Docketing Statement was served this _____ day of _____, 20____ on all parties/attorneys of record listed below (provide name and address of each person served and if person served is party's attorney, list name of party attorney represents) by: (circle one) personal service, mail, commercial delivery service, fax. *See* TRAP 9.5(b).

Lead Counsel/Pro Se Party

Original Rev. 01/26/2000
Rev. A - 09/01/2010 - Pro Bono Program